MEHARRY VANDERBILT ALLIANCE
SINCE 1999

Policy & Business Soutions for Health Equity

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FLASCO Disparities Conference
Nov 12, 2022

VANDERBILT-INGRAM CANCER CENTER

Disclosures – None relevant to this talk

- Consultant
  - Merck
  - Bristol-Myers Squibb
  - Grail Bio, Inc
  - AstraZeneca
  - NIH: Inclusive Participation COVID-19

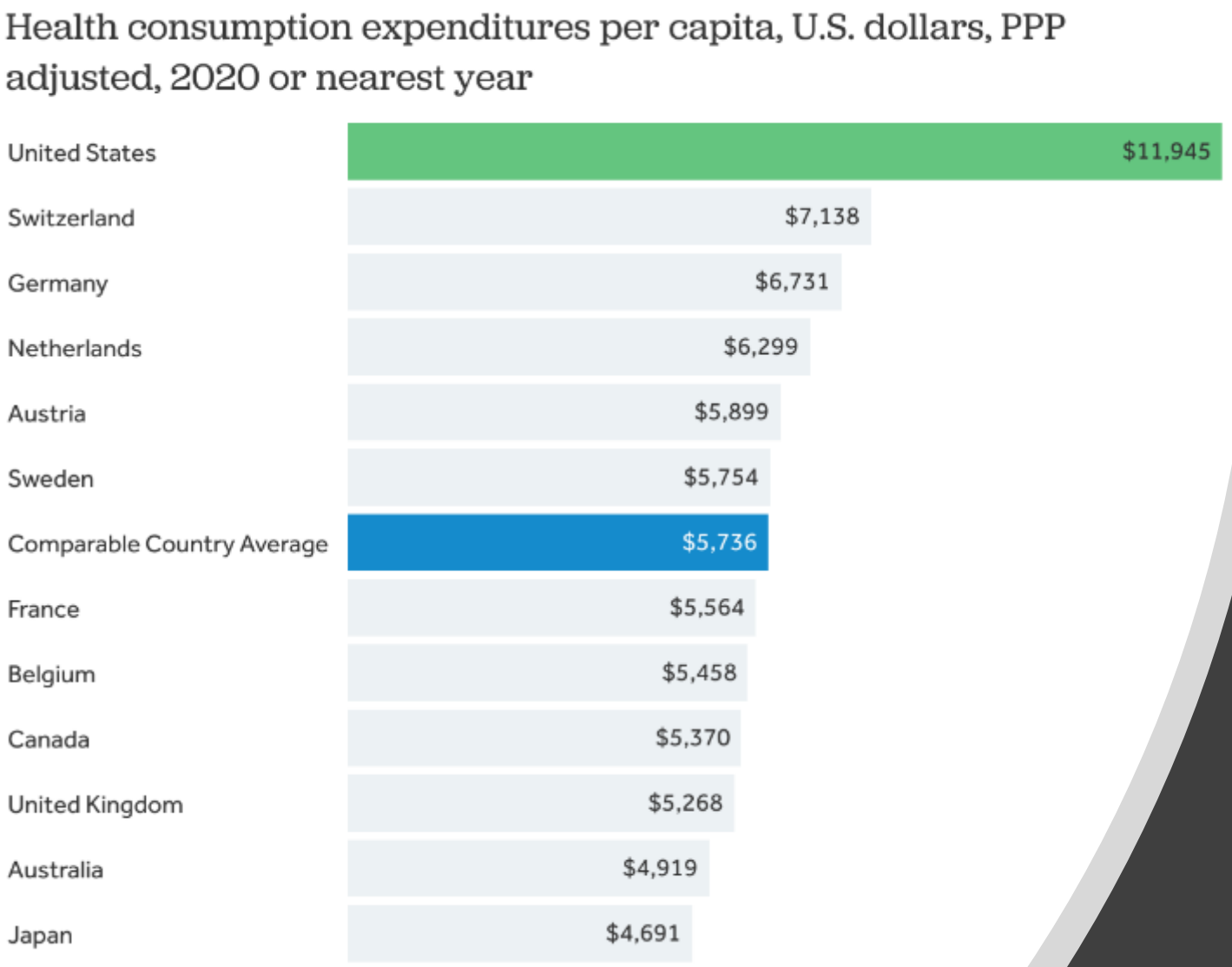
- Honorarium
  - Pfizer/AONN
  - BioAscend
  - Takeda

MEHARRY VANDERBILT ALLIANCE

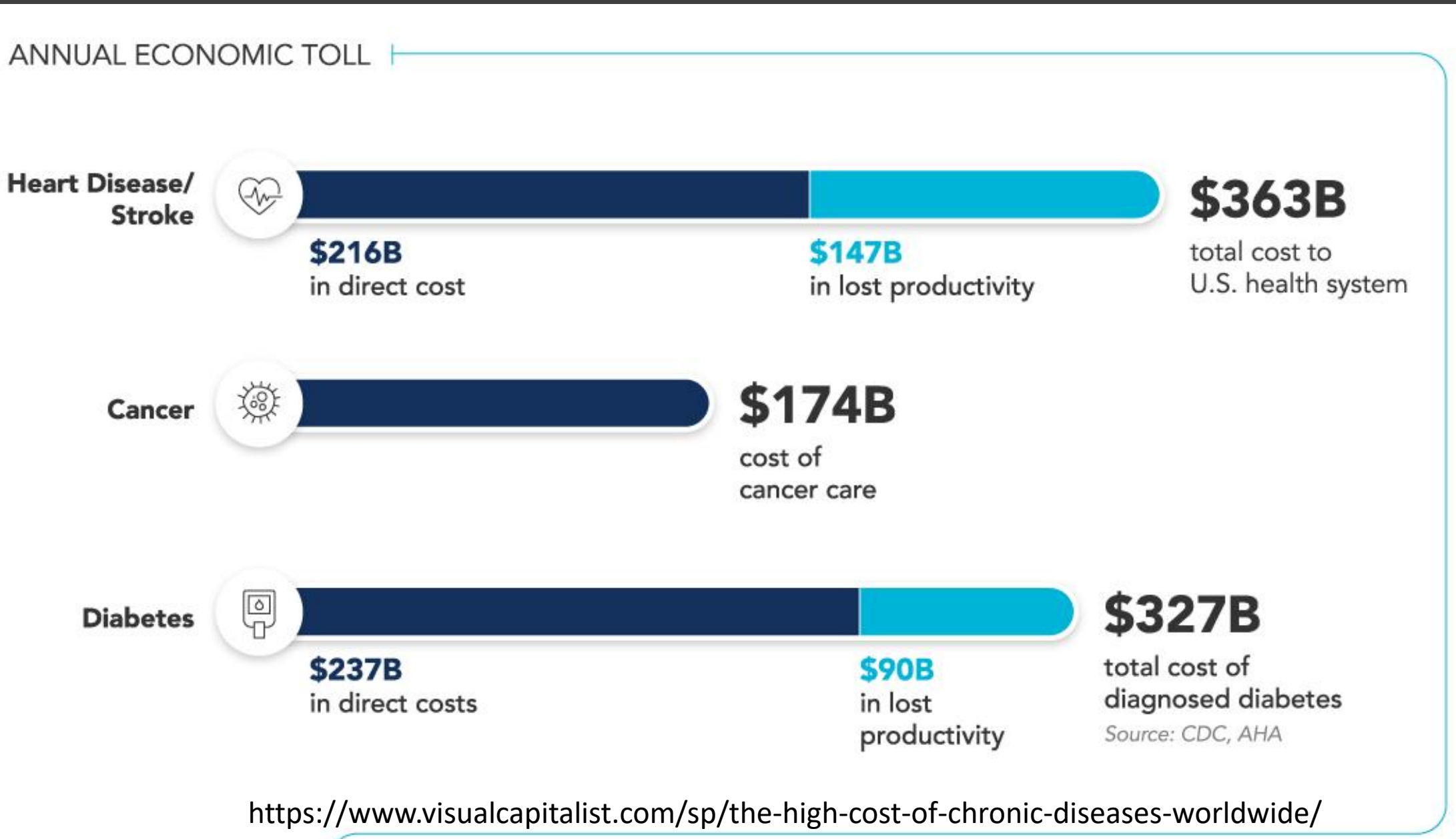
SINCE 1999


BIDEN
E PLURIBUS UNUM
PRESIDENT OF THE UNITED STATES

Balancing Profit with Equitable Care

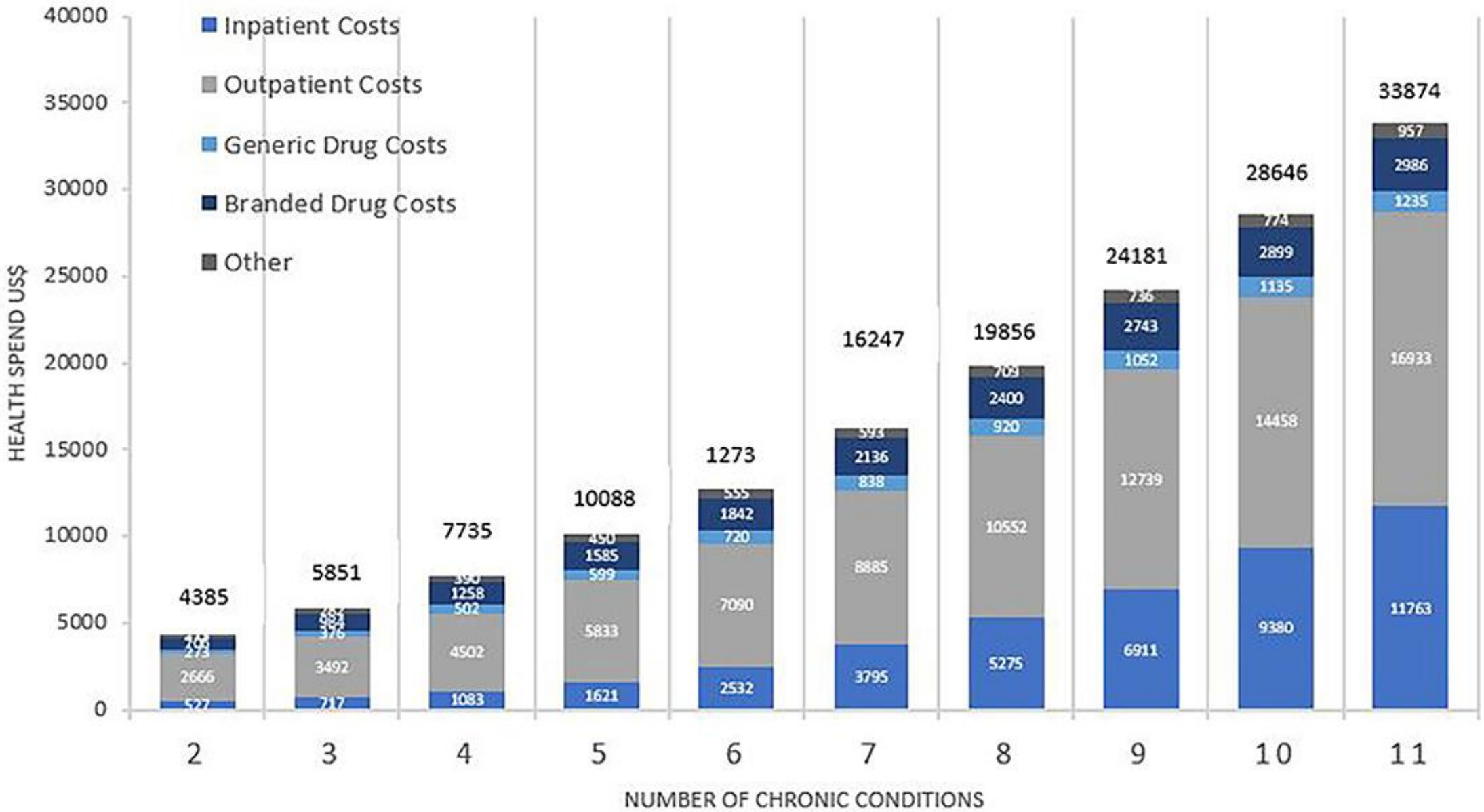


What is the risk?

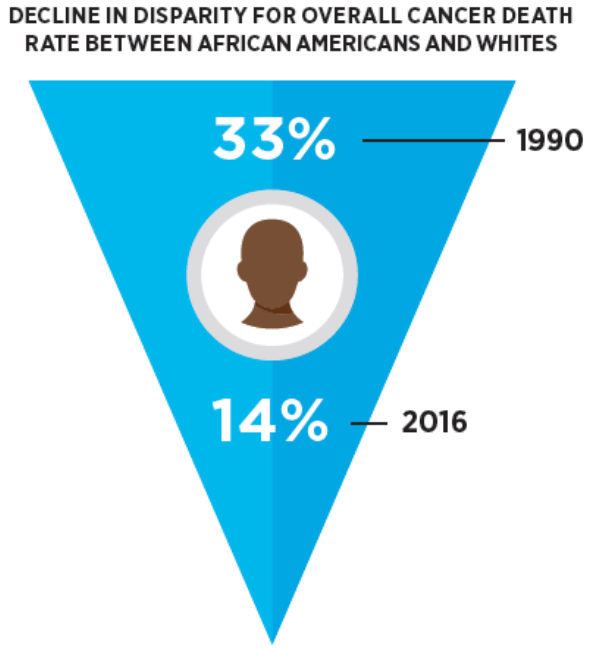


https://www.visualcapitalist.com/sp/the-high-cost-of-chronic-diseases-worldwide/

FIGURE 1. Total average health spend and contributors to cost by number of chronic conditions



Front. Public Health, 21 January 2021 Sec. Health Economics https://doi.org/10.3389/fpubh.2020.607528



Trends in Cancer Death Rates

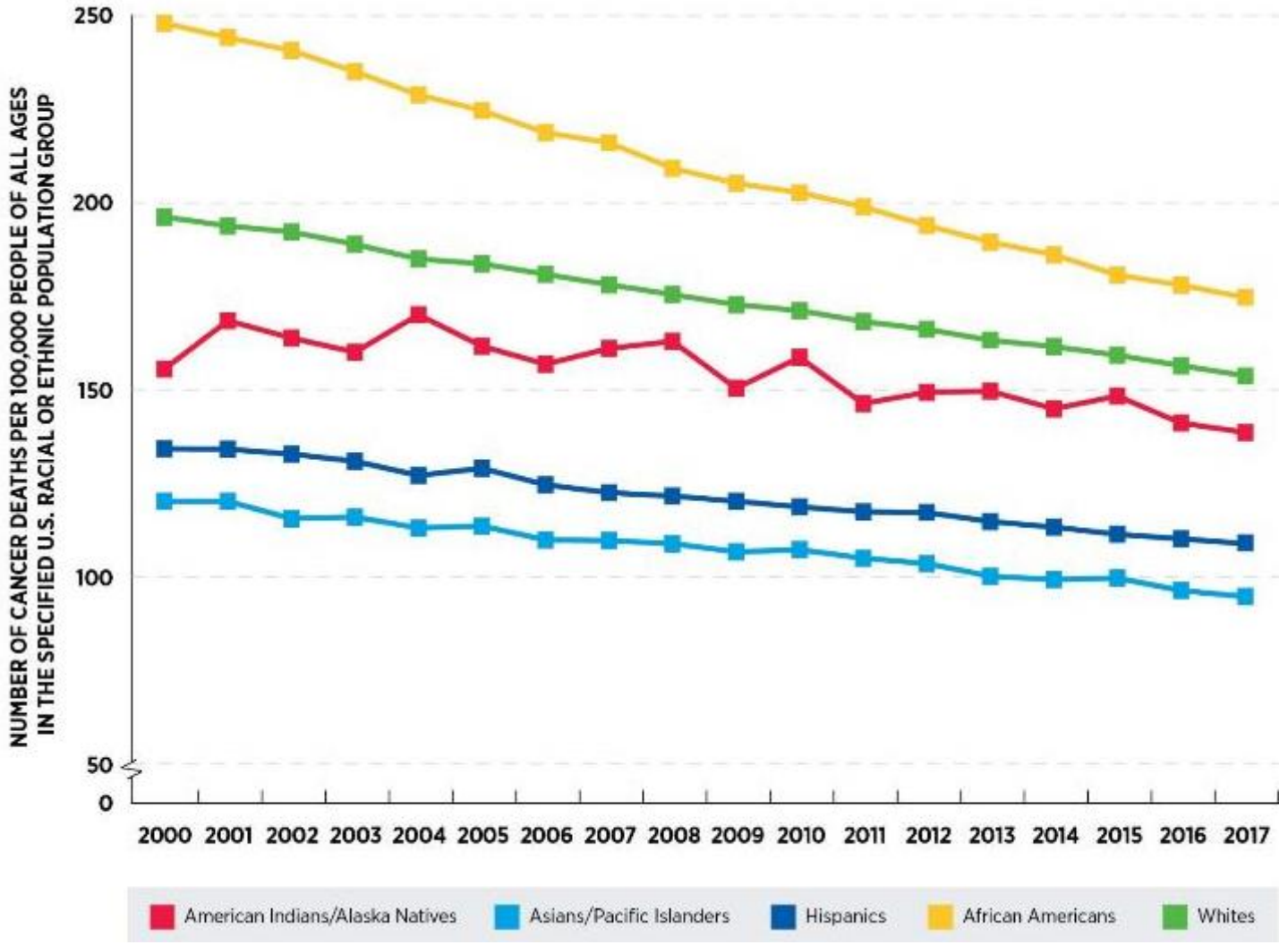
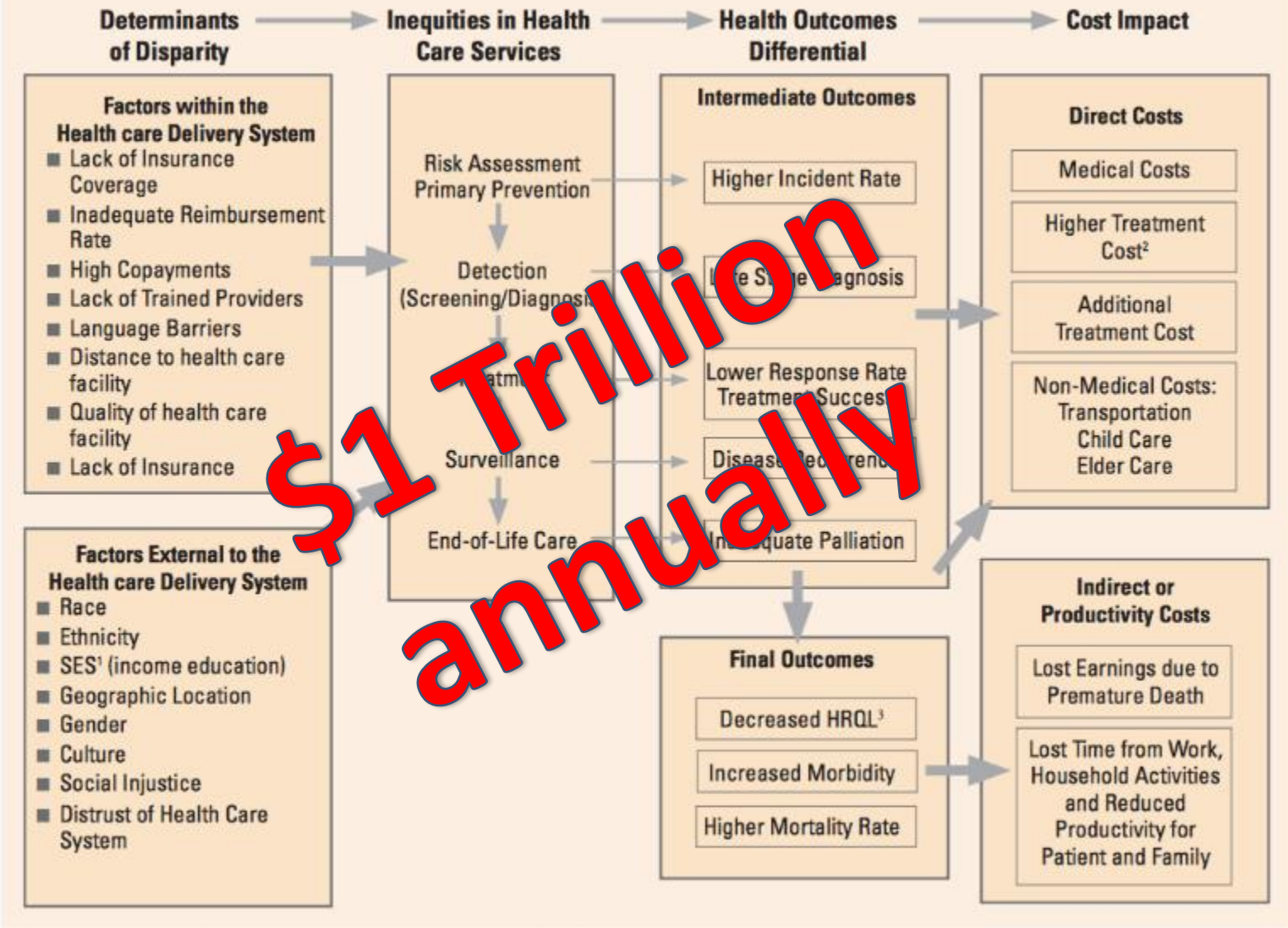


FIGURE 7 Framework for Assessing Economic Costs of Cancer Health Disparities



[1] SES- Socioeconomic Status [2] Stage IV cancers may have lower cost than Stage II and III cancer [3] HRQL – Health Related Quality of Life

Populations at Greatest Risk

- Racial/Ethnic Minorities
- Rural vs. Urban
- Adolescent/Young Adult
- Geriatric/Older Adult Populations
- LGBTQ+/Sexual & Gender Minorities
- The differently abled

<u>Lower Socioeconomic Status</u>

Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

- Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity; 2018

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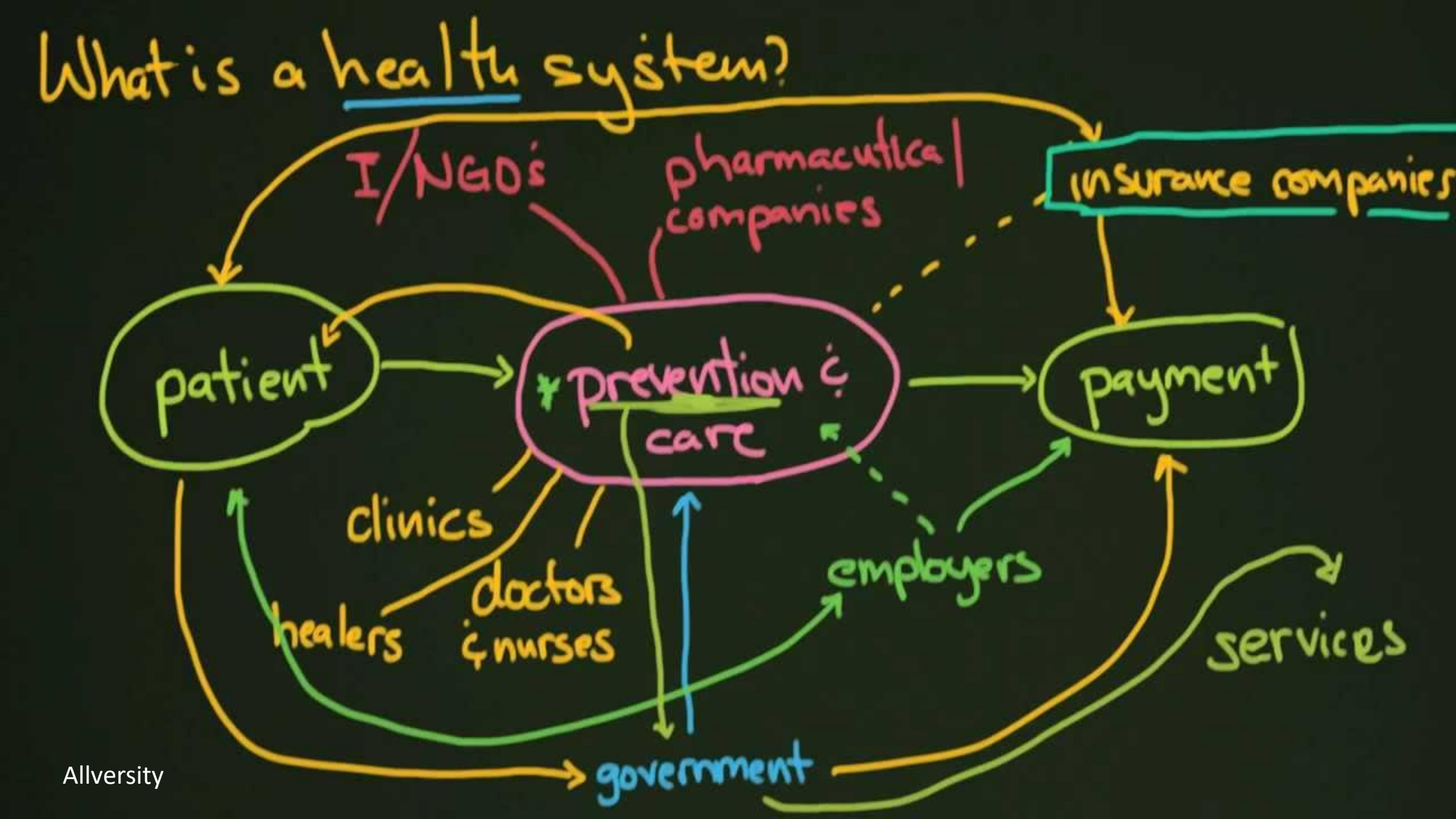
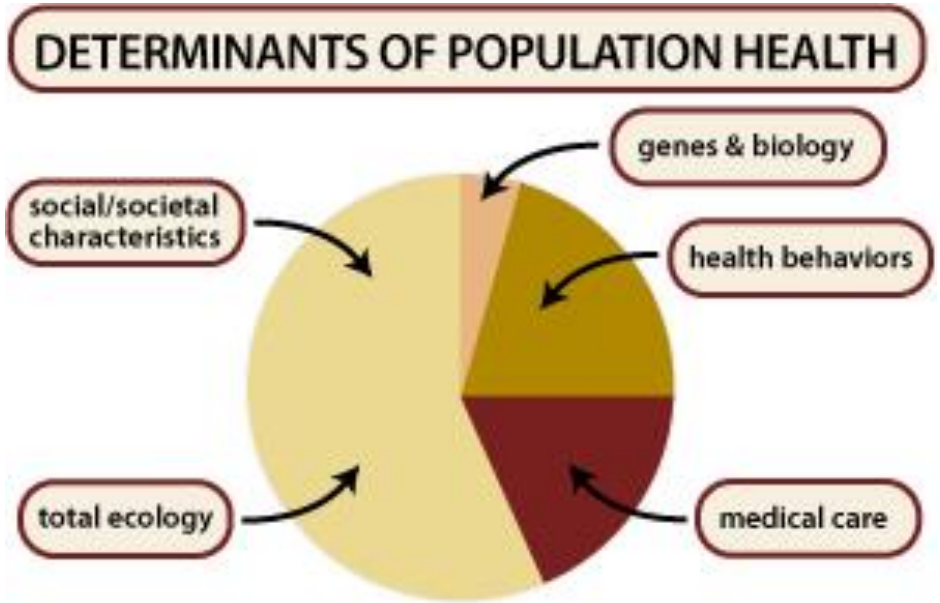
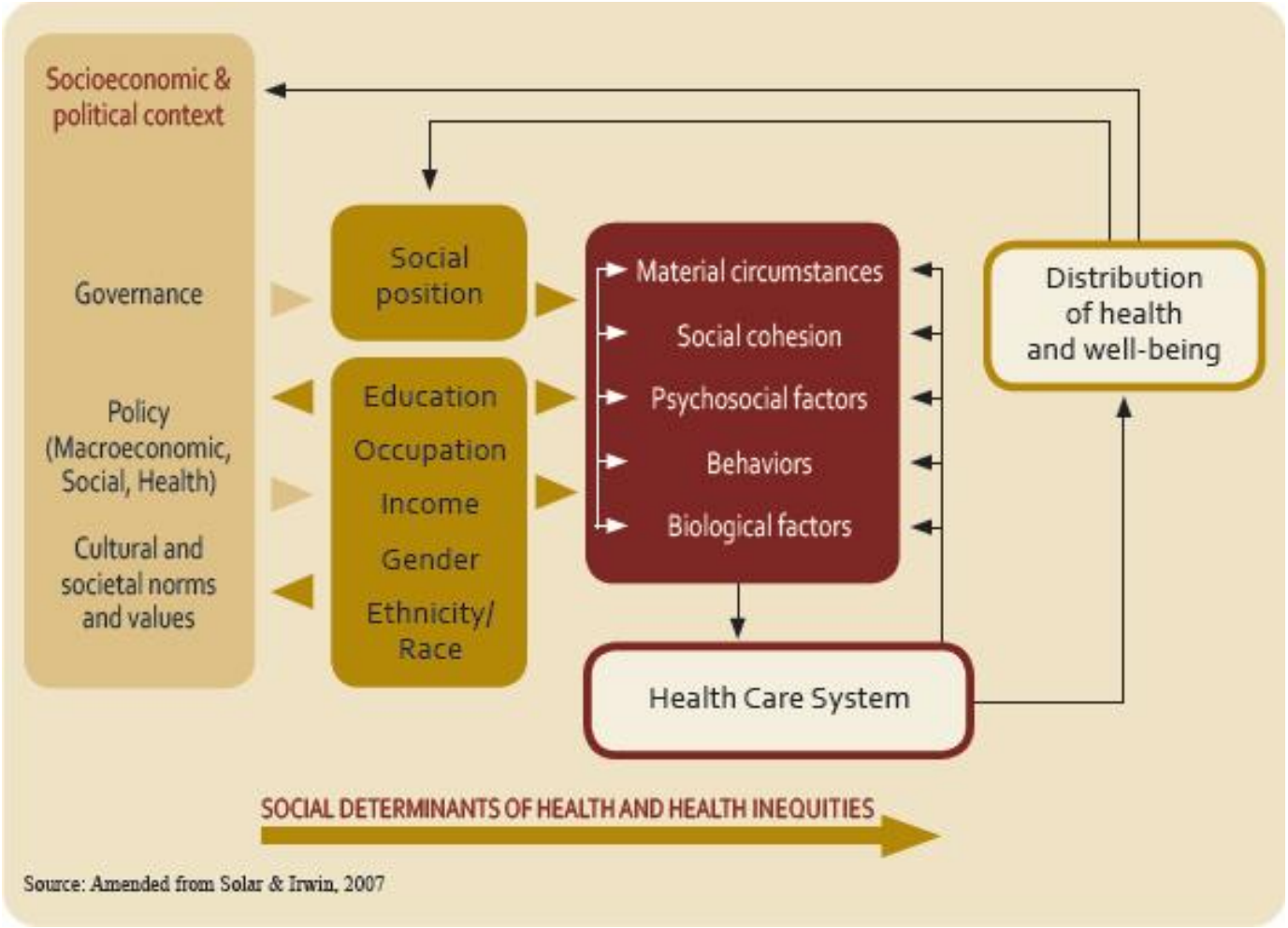
HENRY J KAISER


What is a health system?
I/NGO's
pharmaceutical companies
insurance companies
patient
prevention & care
payment
clinics
healers
doctors & nurses
employers
services
government

Allversity

The Health System and SDOH





http://www.cdc.gov/socialdeterminants/


WHAT can
we do?


Advocacy
The act of pleading or argui
in favor of something, such
a cause, policy, or interest
active support of an idea c

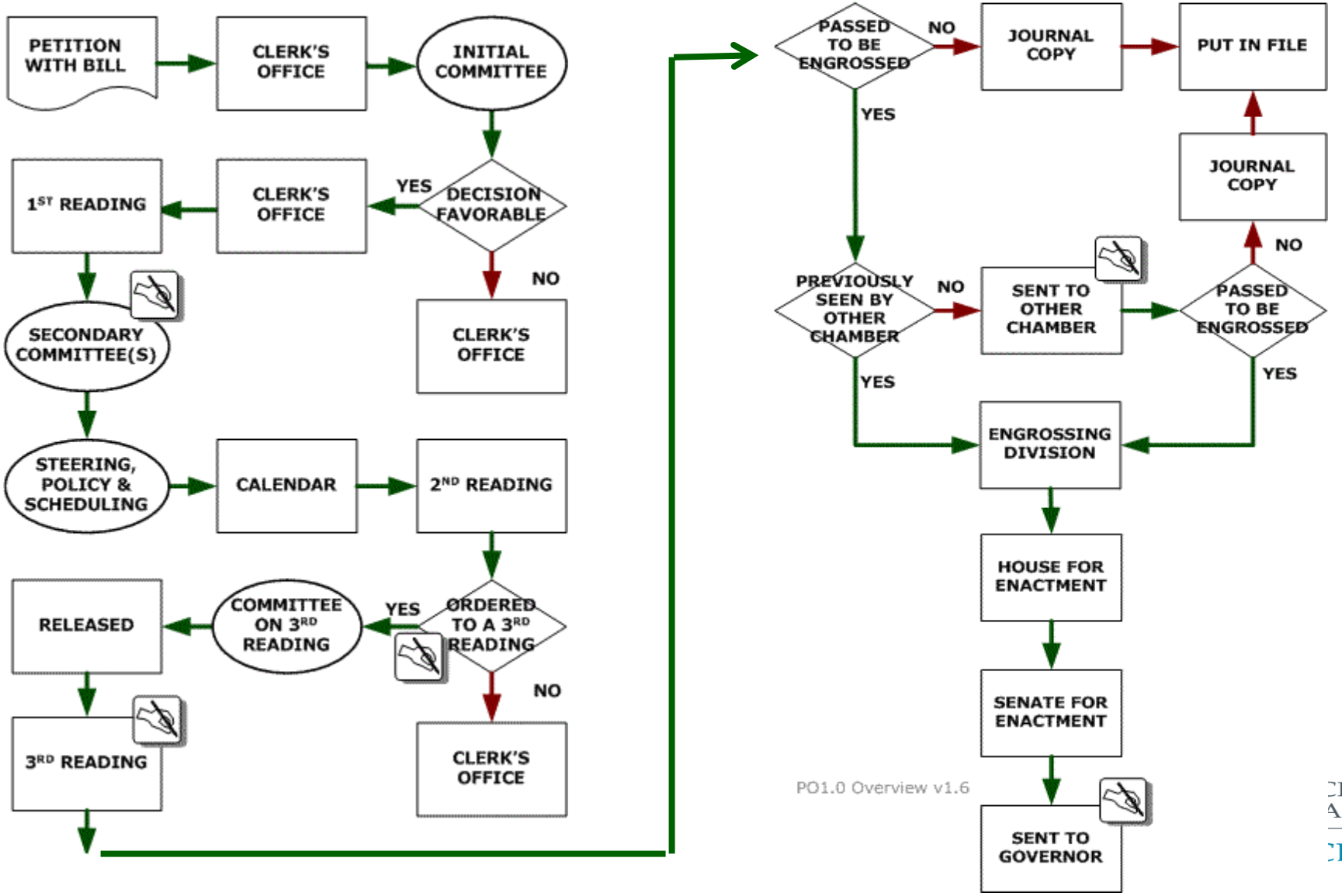
ADVOCACY: The National Level

SETTS HOSPITAL CENTER

Legislation

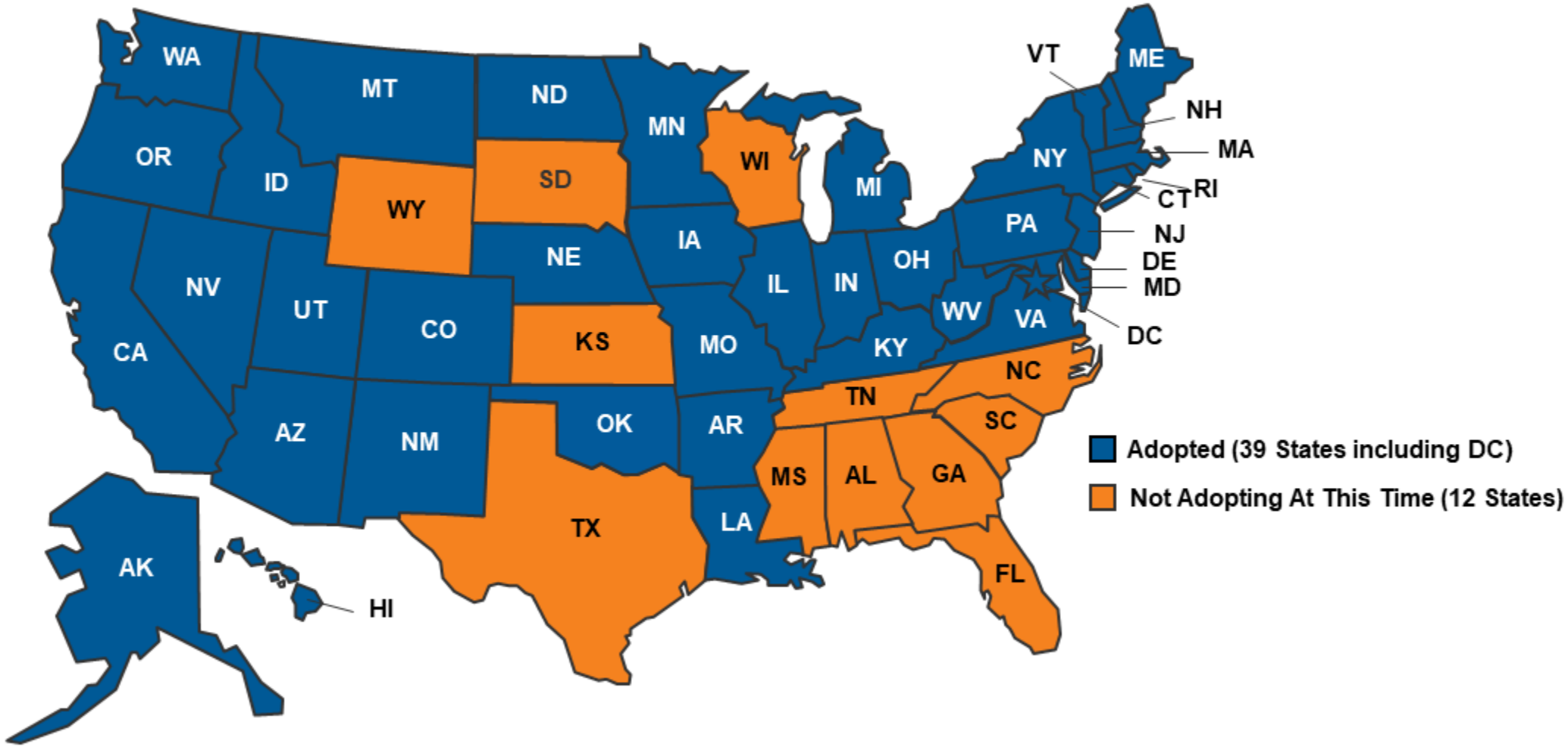
- CONNECT for Health Act (H.R. 2903/S. 1512) and the Telehealth Modernization Act (H.R. 1332/S. 368) – Improve telehealth availability
- DIVERSE Trials Act (H.R. 5030/S. 2706) – Increase access to clinical trials
- Safe Step Act (H.R. 2163/S. 464) – Ensure access to quality cancer care

ADVOCACY: The State Level



CHUSETTS
AL HOSPITAL
CER CENTER

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated September 20, 2022.
https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

KFF

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JOURNAL OF CLINICAL ONCOLOGY

COMMENTS AND CONTROVERSIES

Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village

Stephen S. Grubbs, *Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE*
Blase N. Polite, *The University of Chicago, Chicago, IL*
John Carney Jr, *US House of Representatives, Washington, DC*
William Bowser, *Delaware Cancer Consortium, Dover, DE*
Jill Rogers, *Delaware Division of Public Health, Dover, DE*
Nora Katurakes, *Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE*
Paula Hess, *Delaware Cancer Consortium, Dover, DE*
Electra D. Paskett, *College of Medicine and Comprehensive Cancer Center, Ohio State University, Columbus, OH*

Colorectal cancer (CRC) is the third most common cancer in the United States, with more than 102,000 new patients diagnosed per year.[1] It is, however, one of the few cancers that is highly preventable through the use of routine screening,[2] which can also prevent death resulting from CRC.[3,4] CRC is also one cancer that continues to demonstrate widening incidence and survival disparities between

screening rates among minorities; two, target quality treatment, including both timely resolution of abnormal findings and initiation and completion of therapies; and three, use patient navigation to promote access to screening and proper care. Unbeknownst to Robbins et al or Paskett, just such an experiment was under way in the state of Delaware, incorporating these three steps. In this brief report, we demonstrate what can happen

REVIEW ARTICLE

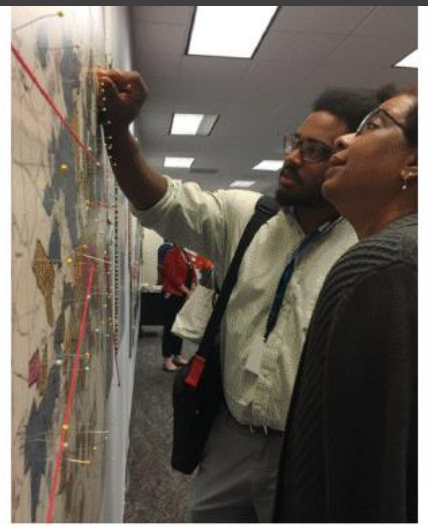
Improving Equity in Cancer Care in the Face of a Public Health Emergency

Karen M. Winkfield, MD, PhD,†‡ and Robert A. Winn, MD§*

Abstract: Cancer health disparities have been well documented among different populations in the United States for decades. While the cause of these disparities is multifactorial, the COVID-19 pandemic has highlighted the structural barriers to health and health care and the gaps in public health infrastructure within the United States. The most long-standing inequities are rooted in discriminatory practices, current and historical, which have excluded and disenfranchised many of the most vulnerable populations

The COVID-19 pandemic has shed significant light on the SDoHs—the conditions in which people work, live, and play[9] and how they contribute to health status. The issues are not new and have been routinely discussed in the literature.[10–13] Perhaps it is the high visibility of the disproportionate impact of COVID-19 in communities of color or simply the fact that many systems shut down during the pandemic that has sparked renewed interest in addressing the issues. Independent of the why, the time is now

The Cancer Journal: 3/4 2022 - Volume 28 - Issue 2 - p 138-145 doi: 10.1097/PPO.0000000000000590









UNDESIGN THE RED LINE

Interactive Exhibit

Connecting the history of housing discrimination and segregation to the political and social issues of today.

www.enterprisecommunity.org/undesign-the-redline

Explore the history.
Share your perspective.
Transform your communities.

http://www.clevelandnp.org/undesigntheredline/

Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations

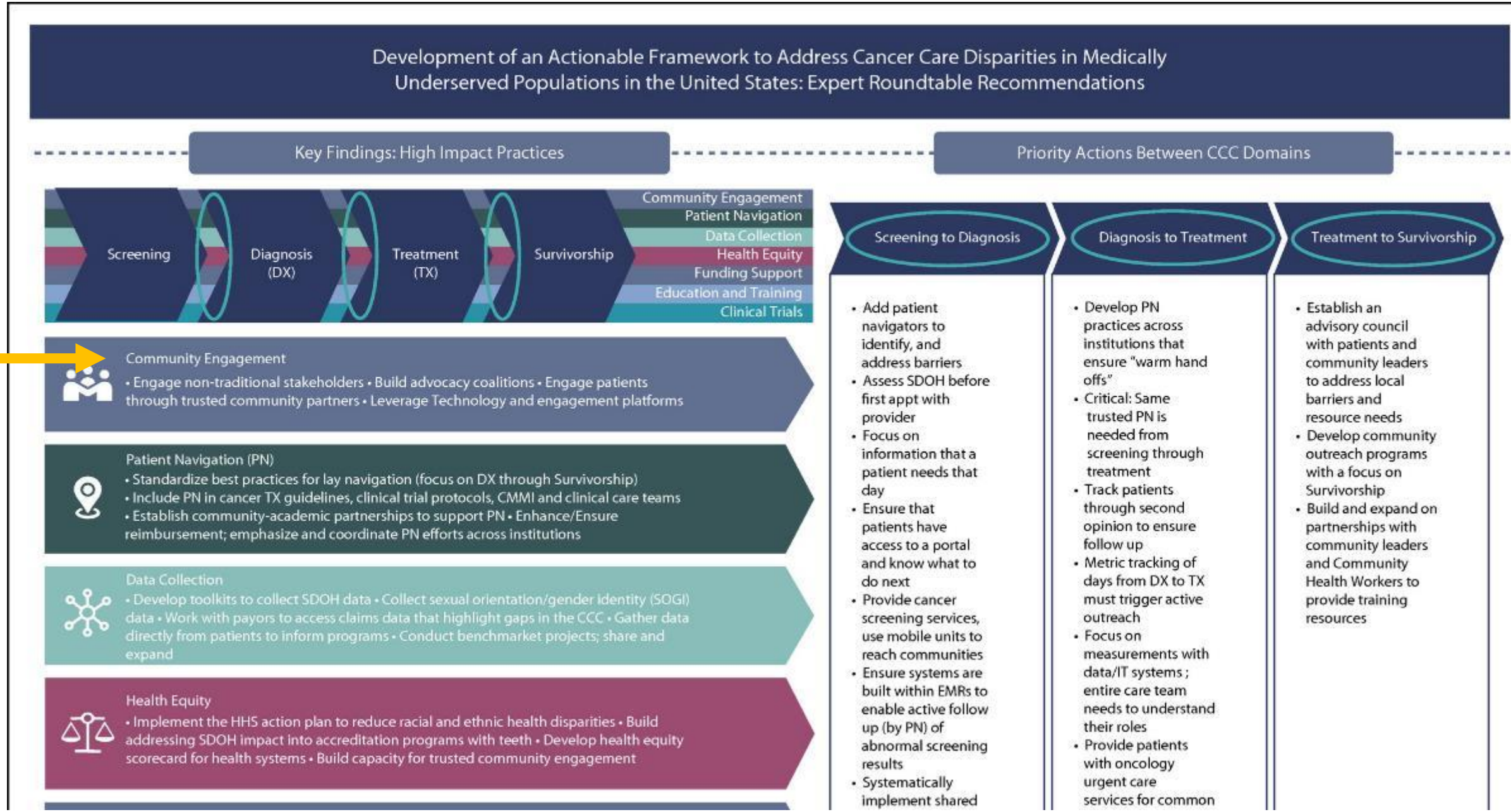
Stakeholders who implement this framework.

Health care leaders, patient advocate groups, community outreach leaders, community-based organizations, lay, nurse and clinical navigators, researchers, industry, govt and policy leaders

Medically underserved populations.

Racial/ethnic minority groups, rural populations, aged, adolescent/young adult], LGBTQ, differently-abled, immigrants and refugees, and under and uninsured communities.

Winkfield KM et al., Journal of Oncology Practice. Jan19, 2021.Open access and online@ https://ascopubs.org/journal/op



Winkfield, et al. JCO Oncol Pract. 2021 Jan 18:OP2000630. doi: 10.1200/OP.20.00630


THIS WAY
LEADERSHIP
GOAL
MOTIVATION
TEAM BUILDING
TRAINING
COACHING
COMMUNICATION
COOPERATION
COLLABORATION

Patient-centered care

https://virginiagarcia.org/what-we-do/patient-centered-care/

Your Advocacy Matters

Awareness

- Get to know the issues
- Understand the social context
- Identify care gaps in your community

Advocacy

- Policy Matters!!
- Resource allocation decisions:
  - Political, economic, and social systems
  - Institutions

Action!!!

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Thank you!!

Questions?

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podcast

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